

OSCAR REPORT 3
HISTORY FACILITY PROFILE

HURRICANE REHABILITATION CENTER
416 NORTH STATE
HURRICANE UT 84737
STATE'S REGION CODE: 001

PROVIDER #: 465101
PHONE NUMBER: (435) 635-9833
PARTICIPATION DATE: 07/01/1985
CERTIFIED: 60

FACILITY BEDS
TYPE ACTION: RECERTIFICATION
TOTAL: 60
TYPE OWNERSHIP: NONPROFIT - CORPORATION

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 06/04/2003

TOTAL: 33
MEDICARE: 4
MEDICAID: 28
OTHER: 1

LTC ADMISSION/SUSPENSION DATES

ADMISSION SUSPENDED:
SUSPENSION RESCINDED:

TOTAL CERTIFIED BEDS: 60

18 18/19 19 ICF/MR
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60

CURRENT SURVEY REVISIT DATES - 07/28/2003

PRIOR 3 SURVEY 02/2000	S/S CODE	PRIOR 2 SURVEY 04/2001	S/S CODE	PRIOR 1 SURVEY 06/2002	S/S CODE	CURRENT SURVEY 06/04/2003	S/S CODE	PLAN/DATE OF CORRECT	PROGRAM REQUIREMENTS
				X	D	X C	E	07/22/2003	REQ F0253-HOUSEKEEPING & MAINTENANCE SERVICES
				X	D				REQ F0274-ASSESSMENT AFTER A SIGNIFICANT CHANGE
				X	D				REQ F0275-ASSESSMENT CONDUCTED AT LEAST EVERY 12 MONTHS
				X	E	X C	B	07/22/2003	REQ F0276-QUARTERLY REVIEW OF ASSESSMENTS
X	D			X	D				REQ F0278-ACCURACY OF ASSESSMENTS/COORD W/PROFESSIONALS
		X	D						REQ F0279-DEVELOP COMPREHENSIVE CARE PLANS
				X	B				REQ F0281-SERVICES PROVIDED MEET PROFESSIONAL STANDARDS
		X	D			X C	E	07/22/2003	REQ F0286-MAINTAIN ASSESSMENTS COMPLETED IN LAST 15 MONTHS
X	E			X	D	X C	D	07/22/2003	REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS
		X	E						REQ F0441-FACILITY ESTABLISHES INFECTION CONTROL PROG
X	D								REQ F0463-RESIDENT CALL SYSTEM
									REQ F0514-CLINICAL RECORDS MEET PROFESSIONAL STANDARDS
									REQ F0520-FACILITY MAINTAINS QA COMMITTEE

EDITION OF LSC APPLIED

85 EXIST 85 EXIST 85 EXIST 85 EXIST
PRIOR 3 PRIOR 2 PRIOR 1 CURRENT
SURVEY SURVEY SURVEY SURVEY
02/2000 04/2001 06/2002 06/04/2003

			X P	07/30/2003
X	X		X P	07/30/2003
	X			
X		X	X C	07/07/2003
	X			
X			X P	06/27/2003
			X N	
X				
		X		
	X	X	X P	06/27/2003
			X C	06/04/2003

LSC DEFICIENCIES - BLDG NO. 01

K0011-COMMON WALL
K0018-CORRIDOR DOORS
K0025-SMOKE PARTITION CONSTRUCTION
K0029-HAZARDOUS AREAS - SEPARATION
K0046-EMERGENCY LIGHTING
K0050-FIRE DRILLS
K0052-TESTING OF FIRE ALARM
K0054-SMOKE DETECTOR MAINTENANCE
K0056-AUTOMATIC SPRINKLER SYSTEM
K0062-SPRINKLER SYSTEM MAINTENANCE
K0069-COOKING EQUIPMENT
K0073-FLAMMABLE FURNISHINGS
K0130-OTHER

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSSES X=DEFICIENT
COP = CONDITION REQ = REQUIREMENT

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
CONDITION	0	0	0	0
REQUIREMENT	4	7	3	3
HEALTH TOTAL	4	7	3	3
LIFE SAFETY CODE	7	3	4	4
LIFE SAFETY CODE + HEALTH	11	10	7	7

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
05/17/2001	UNSUBSTANTIATED
05/23/2002	UNSUBSTANTIATED
08/06/2002	UNSUBSTANTIATED
09/23/2002	UNSUBSTANTIATED

FMS SURVEY INFORMATION

SURVEY DATE	TYPE OF SURVEY
03/09/2000	COMPARATIVE